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Application Number: 09/862,472

Filing Date: 5/23/2001

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMR control number Effective on 12/08/2004. Complete if Known ees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 09/862,472 FEE TRANSMIT 5/23/2001 Filing Date For FY 2005 John C Cofano First Named Inventor Matthew L. Brooks Examiner Name Applicant claims small entity status. See 37 CFR 1.27 Art Unit 2611 (\$) 0.00TOTAL AMOUNT OF PAYMENT Attorney Docket No. GT1 0004US METHOD OF PAYMENT (check all that apply) Check Money Order Credit Card L None Other (please identify): Deposit Account Deposit Account Number. 12-0769 Lee & Hayes, PLLC Deposit Account Name: For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ✓ Charge fee(s) Indicated below Charge fee(s) indicated below, except for the filling fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: information on this form may become public. Credit card information should not be included on this form, Provide credit card Information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (5) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 130 50 65 200 Plant 100 300 150 160 ያለ Reissue 300 150 500 250 600 300 . Provisional 200 100 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 or, for Reissucs, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 Multiple dependent claims 360 180 Total Claims Multiple Dependent Claims Extra Claims Fee (\$) - 20 or HP -Fee (\$) Fee Paid (\$)

HP = highest number of total	claims paid for, if great	ater than 20			
<u>Indep. Claims</u>	Extra Claims	Fee (\$)	Fee Paid (\$)	<del></del>	
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